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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

or maintenance fee notific	cations.						
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					Filed Via EFS (Depositor's name)		
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			OR	ATTORNEY DOCKET NO	
10/644,267	08/20/2003	Heather L. Davis				O0277.70001US00	6263
TITLE OF INVENTION: NUCLEOTIDE VECTOR VACCINE FOR IMMUNIZATION AGAINST HEPATITIS							
APPLN, TYPE	SMALL ENTITY		ISSUE FEE		ATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00		·	00.00	\$1,810.00 1	09/24/2010
EXAMINER ART				CLASS-	SUBCLASS]	
A. M. Falk 1632 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list							
Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Institut Pasteur Institut National de la Sante et de la Recherche Medicale Universite d' Ottawa Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
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X Publication Fee (x Payment by credit card. Form PTO 2038 is attached.						
Advance Order -		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825					
5. Change in Entity Sta	atus (from status indicate	ed above)					
a. Applicant clair	ms SMALL ENTITY sta	itus. See 37 CFI	R 1.27.	b. Appli	cant is no longe	er claiming SMALL ENTITY	' status. See 37 CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if require	d) will not be ac	ccepted from	(if any) or to anyone other	re-apply any pro than the applica	eviously paid issue fee to the apant; a registered attorney or ag	pplication identified above. ent; or the assignee or other party in
Authorized Signatur	e	2W	X			DateS	September 23, 2010
Typed or printed par	me	Daniel W	Young Ph D	1		Registration No.	62.868